The medical professional would send this sheet to Dominion Energy South Carolina

Dominion Energy South Carolina
PO Box 100255
Columbia, SC 29202
DominionEnergySC.com

Logo Dominion Energy

**Smart Meter Upgrade Opt Out Medical Waiver**

**Dominion Request Number:** ?????????

(Could use last 4 numbers of the account number and a letter of the alphabet.)

Dominion Energy is upgrading meters in our service territory. We will be exchanging the existing electric meter with a smart meter capable of transmitting readings, in addition to other remote capabilities. If there is also a gas meter at this residence, the Encoder Receiver Transmitter currently on the gas meter will be exchanged as well. Our customer is requesting to maintain a manually read meter rather than allow our company to use meters which use radio frequency. As allowed by the Public Service Commission of South Carolina Order Nos. 2019 – 622 and 2020 86, customers of Dominion Energy South Carolina must pay an installation fee of $168.00 as well as monthly fee of $15.00 to offset the charges associated with this manual process. To qualify for a waiver of these charges, customers must present Dominion Energy with written documentation, by way of a signed and certified Medical waiver form, from a medical doctor, licensed in any of the 50 states of the United States or, under exceptional circumstances with additional verifiable documentation from a foreign country. This waiver should be:
1) completed and signed by the physician's office and 2) returned by the physician's office using one of the methods outlined below. Once returned, all future charges associated with opt out will be waived.

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Patient Information

Failure to complete this application in its entirety will delay processing.

By signing below, I authorize Dominion Energy South Carolina to contact my health care provider to verify that the healthcare provider has examined the patient and completed the information stated below.

Patient Name: _____ Patient ID Number: _____ Year of Birth: ____
Patient Telephone: _____ (Optional)
Patient or Guardian Signature: _____ Date: _____

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